COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION		
Name	a TTY TO THE REAL SECTIONS OF THE SECTION OF THE SE	Mambarat	
		Member of:  ☐ House ☐ Senat	
Michael Gary B Mailing address	EAUNIEW		te
27 Sherman		District	
City, zip code		H 68	
^		Phone	
Auburn 04218		2017840036	
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employ principal type of economic activity of each en	er from whom you received compensation nployer.	of \$1,000 or more. Specify	y the
Name of Employer	Address	Principal Type of Econom Activity of Employer	ñė
City of Lewiston School Dept.	Lewiston School Dept OAK ST Lewiston, MAINCOYLO	Adult Educat	(8 A
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그들은 어떻게 되어 있을까? 얼마 그는 그는 사람들은 사람들이 되는 것은 사람들이 없는 것이 하셨다면 하는 것이 되었다면 하는데 그 점점을 다 되었다.	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the major areas of ecrship, firm, professional association, or simil	conomic activity from which ar business entity, list the m	you rajor
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or sin business entity)	
Name:	The state of the s	the second secon	
Address:			
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Name:			
Address;			

PAI	RT 2 (continued). IN	COME DERIVED F Legislators who are self-e		OYMENT		
B. List each source of income of is greater, and specify the principle disclosure is prohibited by law, the entity or person from whom	ipal type of economic a rule, or an established	activity of the entity or p code of professional e	person from whom yo	ou derived so	ich income. If t	this form of
	Name and Address	of Source		Activity	cipal Type of Ec of Entity or Pe of Source of the	rson Who
Name:						
Address:	V. (*** * ******************************	Nata 2 Section Control of the Contro	2107 1270 (2022) (1.0.2021) (2.2.2020)	VALUE TELEVISION OF THE SAME O		•
Name:			•	-		
Address:		·				*
		MAJOR AREAS O islators who are attorney				
List your major areas of practice				our firm.		
Name	and Address of Firm		Major Areas of F (self)	ractice	Major Areas o (firm)	
Name:			and the control of th			
Address:			**************************************			And the second second
Name: Address:					a egenak	
	PART 4	OTHER SOURCES	OF INCOME			
List each source of income of \$		The state of the s		ude gifts. If i	none, check the	box.
☑ None		**************************************				
	Name and Address	of Source		inve	Kind of Incomestments, lease	
Name:			The second secon			4
Address:	The state of the s		APPARENT AND			
Name:		i de la companya de l		,		
Address:		·				
	PART 5	. REPORTABLE L	ABILITIES			
List the names of creditors for a areas of economic activity of ea	any <u>unsecured</u> loans of ch creditor. Do not list	\$3,000 or more that y loans from a relative.	ou received during the foot one, check the bo	ne reporting x	period, and list	the major
None						A description of the second
	Name and Address o	of Creditor		Princ	ipal Type of Eco Activity of Credi	onomic tor
Name:		•				
Address:						
Name:				The second secon		
Address:						
	PAR	T 6. REPORTABLE	GIFTS			i Wi
List the specific source of each none, check the box	gift of more than \$300.	Include gifts with an a	iggregate value of mo	ore than \$30	0 from a single	source. If
None				*		
Name of S	Source of Gift	A STATE OF THE STA	Name o	of Source of	Gift	ne e e e e e e e e e e e e e e e e e e
		/ <b>3.</b>				
2.	-	4.	* is the fact		ņ	

PART 7. REPORTAE	3LE HONC	RARI	A	
List the source of any honoraria accepted for appearances or speeche	es related to	your of	fficial duties. If none, check	the box.
None			-	TO STATE A STATE AND A STATE OF THE STATE OF
Name of Source of Honoraria	er er	Ì	Name of Source of Honoraria	A second
1.	3.			
2.	4.		1 HV-60 and an extension of the state of the	**************************************
PART 8. REPRESENTATION B	SEFORE S	TAŢE	AGENCIES	
List each executive branch agency before which you represented or the box.	assisted oth	ers for	compensation of any amou	ınt. If none, check
None	**************************************		ramenta ( 4	
Name of Agency			Name of Agency	
<b>1.</b> 1	3.		The state of the s	
2. 4	4.		No. of the second secon	**************************************
PART 9. BUSINESS WIT	H STATE	AGEN	CIES	
List each executive branch agency to which you or a member of your i \$1,000 during the reporting period. If none, check the box.	immediate fa	amily so	old goods or services with a	value in excess of
None	\$0.00 miles		THE	A.M. Santania
		ins :	Name of Agency	
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2.		# (E = V4/2V	and the state of t	Minima (CCC) A Simulation of the contract of t
- 4	F			
PART 10. INCOME RECEIVED BY ME				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	of \$1,000 of Do not inclu	or more de gifts	e received by your spouse of the control of the received by your spouse of the received by	or dependent child eived by spouse or
Type of Economic Activity Representing Source of Income Received	d appro	rcle opriate tter	Kind of Insc	ome
1.	S	D		Section 1994 - Bellin Milliani de deserto de come de la minima resultante de la composição
2.	S	D		
3.	S	D		
4.	S	D		NAMES OF THE PARTY
SIGNATU	JRE			
A Legislator who willfully fails to file a required statement is subje 1 M.R.S.A. § 1017-A)	ect to a fine	of \$1	0 per business day until t	the report is filed.
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the A	e Commissi Attornev Ge	on cor	ncludes that it appears tha	it a Legislator has
f the Commission determines that a Legislator has willfully failed to the	_		ement or has willfully filed	a false statement,

the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

Signature Signature

(1/M.R/SAA/§ 1019)

1-08-08

Date

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	R R P		ADD	ITIONAL INF	FORMATION		_	
Please provide information you	any additional are providing.	information	below (and o	n additional	sheets if needed).	Indicate the par	t or section n	umber for the
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